

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 03/18/18		Bureau/Station/Facility: East Patrol Division / Temple Station		Admin. Invest? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
Incident Information					
URN: 018-03394-0563-013		Date: 03/18/18		Time: 0845	
City or Station: South El Monte		Nature of Incident: During a burglary investigation, the suspect ran from deputies and a foot pursuit ensued. The suspect produced a knife and a deputy involved shooting occurred.			
Location: ████████ Durfee Avenue, South El Monte, CA 91733					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input checked="" type="checkbox"/> Street Other: _____		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: _____		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input checked="" type="checkbox"/> Fleeing Suspect <input checked="" type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other: _____	
Total # of Shots Fired by Deputy 3		Total # of Shots Fired by Suspect 0		Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input checked="" type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one)	ShiftType (check only one)
████████	Bui	Vu	N	<input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one)	ShiftType (check only one)
				<input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	<input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one)	ShiftType (check only one)
				<input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	<input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more):	
████████	Long	James	P	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
				<input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
████████	Mikesell	Steven	F		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
████████	Martinez	Michael	A		

PSTD Use Only	
SH # _____	

Officer Involved Shooting Involved Employee Information

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Involved Employee										
E 1	Employee #		Last Name			First Name		M.I.		
			Dietze			Bradley		S		
	Sex: M	Race: W	Rank: DSG		Unit Assignment: Temple Station		Work Assignment (Unit #, Module, etc.): 55T1			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used: N/A			
	Hospital Admission? <input type="checkbox"/>		Hospital Name: N/A		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 6		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height: 508	Weight: 185							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand: Heckler & Koch		Caliber: .45		# Shots: 3		Weapons Fired Brand:		Caliber:	# Shots:
Field Training Officer Emp #		Last Name			First Name		M.I.			
Field Training Officer Emp #		Last Name			First Name		M.I.			
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height:	Weight:							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber:	# Shots:
Field Training Officer Emp #		Last Name			First Name		M.I.			
Field Training Officer Emp #		Last Name			First Name		M.I.			
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height:	Weight:							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber:	# Shots:
Field Training Officer Emp #		Last Name			First Name		M.I.			
Field Training Officer Emp #		Last Name			First Name		M.I.			

Officer Involved Shooting Suspect Information

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Suspect Information											
S 1	Last Name			Borrego			First Name		Manuel		
	M.I.						A				
	AKA Last Name						First Name		M.I.		
	Sex: M Race: H			Street Address:			City		State & Zip Code		
	Work Phone:			Home Phone:		Social Security #:		Driver's License #:			
	Age: 40 D.O.B. 08/20/77			Height: 5-04 Weight: 160		FBI #		CII #			
	Booking #			Primary Charge:			Secondary Charge:		N/A		
	Coroner Case? <input checked="" type="checkbox"/>			Coroner Case # 2018-02259			Intoxication/Drug Usage? <input checked="" type="checkbox"/>		Substance Used: Methamphetamine		
	Armed? <input checked="" type="checkbox"/>			Apprehended? <input checked="" type="checkbox"/>			Mental Illness? <input type="checkbox"/>		Criminal History? <input checked="" type="checkbox"/>		
	Vehicle Make			Model:		Year:		Parole: Yes		Probation: Prior Felony Conviction: Yes	
N/A											
S	Last Name						First Name		M.I.		
	AKA Last Name						First Name		M.I.		
	Sex: Race:			Street Address:			City		State & Zip Code:		
	Work Phone:			Home Phone:		Social Security #:		Driver's License #:			
	Age: D.O.B.			Height: Weight:		FBI #		CII #			
	Booking #			Primary Charge:			Secondary Charge:				
	Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>		
	Vehicle Make			Model:		Year:		Parole:		Probation: Prior Felony Conviction:	
S	Last Name						First Name		M.I.		
	AKA Last Name						First Name		M.I.		
	Sex: Race:			Street Address:			City		State & Zip Code:		
	Work Phone:			Home Phone:		Social Security #:		Driver's License #:			
	Age: D.O.B.			Height: Weight:		FBI #		CII #			
	Booking #			Primary Charge:			Secondary Charge:				
	Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>		
	Vehicle Make			Model:		Year:		Parole:		Probation: Prior Felony Conviction:	
S	Last Name						First Name		M.I.		
	AKA Last Name						First Name		M.I.		
	Sex: Race:			Street Address:			City		State & Zip Code:		
	Work Phone:			Home Phone:		Social Security #:		Driver's License #:			
	Age: D.O.B.			Height: Weight:		FBI #		CII #			
	Booking #			Primary Charge:			Secondary Charge:				
	Coroner Case? <input type="checkbox"/>			Coroner Case #			Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Armed? <input type="checkbox"/>			Apprehended? <input type="checkbox"/>			Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>		
	Vehicle Make			Model:		Year:		Parole:		Probation: Prior Felony Conviction:	

Rollout Information							
Arrival Date	03/18/2018	Arrival Time	1110	Date Submitted	11/26/2019	Date of Recommendation	
Employee #	[REDACTED]	Last Name	Camacho	First Name	Omar	M.I.	
Employee #	[REDACTED]	Last Name	Jordan	First Name	James	M.I.	T
Employee #	[REDACTED]	Last Name	Powers	First Name	James	M.I.	C
Shooting / Force Information							

Method			Type of Injury	Body Part Injured
(AW) Arwen	(OV) Other Weapon: Vehicle	(AB) Abrasion	(AD) Abdomen	
(BC) Baton:(Control)	(OB) Other Weapon: Blunt Object	(BR) Bruise	(AK) Ankle	
(BI) Baton:(Impact)	(OO) Other Weapon: Other	(BU) Bum	(AR) Arm	
(BF) Bodily Fluids	(PK) Personal Weapon: Feet/Leg: (Kick)	(CP) Complaint of Pain	(BK) Back	
(CN) Canine	(PS) Personal Weapon: Feet/Leg: (Sweep)	(CO) Concussion	(BT) Buttocks	
(CR) Carotid Restraint	(PH) Personal Weapon (Hand/Arm)	(DH) Death	(CH) Chest	
(CH) Choke Hold	(PP) Personal Weapon (Push)	(DI) Dislocation	(EL) Elbow	
(CT) Control Holds:(Control Techniques)	(PO) Personal Weapon (Other)	(DB) Dog Bite	(FA) Face	
(TT) Control Holds:(Team Takedown)	(RS) Resistance	(FR) Fractures	(FE) Feet	
(TD) Control Holds:(Takedown)	(CN) Restraint Device (Capture Net)	(GS) Gunshot	(FI) Fingers	
(CE) Chemical	(RH) Restraint Device (Handcuffs)	(HB) Human Bite	(GE) Genitals	
(OC) Chemical Agents (OC Spray)	(HB) Restraint Device:Hobble (Legs Only)	(LC) Lacerations	(GR) Groin	
(TG) Chemical Agents (Tear Gas)	(TP) Restraint Device:Hobble (TARP)	(ND) Nerve Damage	(HD) Hand	
(EX) Explosives	(RE) Restraint Device: REACT Belt	(OD) Organ Damage	(HE) Head	
(FH) Firearm (Handgun)	(SP) Sap	(PA) Paralysis	(HI) Hip	
(FR) Firearm (Rifle)	(SH) Shield	(PW) Puncture Wound	(IN) Internal	
(FS) Firearm (Shotgun)	(SG) 37mm Stinger	(SD) Soft Tissue Damage	(KN) Knees	
(FO) Firearm (Other)	(SB) Sting Ball	(ST) Sprain/Twists	(LE) Leg	
(FB) Flashbang	(ST) Stun Bag	(UN) Unconscious	(NK) Neck	
(FL) Flashlight	(TR) Taser		(SH) Shoulder	
(OE) Other Weapon: Edged	(UC) Uncooperative		(WR) Wrist	
Brand		(RM) Refused Med Treatment		
(AK) AK-47	(IV) Iver Johnson	(NN) NONE		
(BN) Benelli	(JE) Jennings			
(BR) Beretta	(LO) Lorcin			
(BW) Browning	(LU) Luger			
(CH) Charter Arms	(MA) Marlin			
(CO) Colt	(MO) Mossberg			
(DA) Davis Industries	(NC) NCI aka SKS			
(GL) Glock	(NA) North American			
(HA) Harrington & Richardson	(NO) Norinco			
(HI) Hi Standard	(RA) Raven			
(HK) H & K	(RM) Remington			
(IT) Ithica	(RG) RG			
	(RI) RGI			
	(RO) Rossi			
	(SW) Smith & Wesson			
	(SR) Sturm Ruger			
	(SS) SIG Sauer			
	(ST) Sterling			
	(TA) Taurus			
	(WE) Weatherby			
	(WN) Winchester			
	(US) US Government			
	(YY) Handmade (Inmate)			
	(XX) Homemade (Non-Inmate)			
	(ZZ) Other Brand			
		Caliber		
		(9) 9 mm	(24) .243 caliber	
		(10) 10 mm	(25) .25 caliber	
		(12) 12 guage	(30) .308 caliber	
		(20) 20 guage	(35) .357 caliber	
		(21) .22-250	(38) 30-60 caliber	
		(22) .22 caliber	(38) .38 caliber	
		(23) .223 caliber	(40) .40 caliber	
		(41) .410 guage	(44) .44 caliber	
		(45) .45 caliber	(50) 50 mm	
		(SL) Slug	(WW) Other caliber	

FORCE APPLIED (one code per block)[illegible]